

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- A. PURPOSE: To promote an integrated behavioral health service delivery system throughout Arizona and to describe T/RBHA responsibilities for persons who require services in, or relocate to, another Geographic Service Area.
- B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs). T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.
- C. POLICY: Coordination between T/RBHAs shall occur in a manner that ensures the provision of continuous covered behavioral health services that are consistent with treatment goals and identified needs for persons who:
- Receive services outside of the GSA served by their designated T/RBHA (non-enrolled persons);
 - Receive services outside of the GSA served by their home T/RBHA (enrolled persons); or
 - Move to another GSA.
- D. REFERENCES: AHCCCS/ADHS Contract
ADHS/T/RBHA Contract
42 CFR 435.1009
- E. DEFINITIONS:
1. Client Information System (CIS): The data system used by ADHS/DBHS.
 2. Clinical Liaison: A behavioral health professional or a behavioral health technician who has been credentialed and privileged by the T/RBHA or their designee in accordance with ADHS/DBHS requirements to perform this function. The clinical liaison:
 - Assumes the primary responsibility of clinical oversight of the person's care;
 - Ensures the clinical soundness of the assessment/treatment process; and
 - Serves as the point of contact, coordination and communication with the person's team and other systems where clinical knowledge of the case is important.
 3. Enrollment: The process by which a person is enrolled into the Contractor and DHS data system.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

4. Designated T/RBHA: The T/RBHA responsible for the geographic service area where an eligible person has established his/her residence.
5. Home T/RBHA: The T/RBHA with which the person is currently enrolled.
6. Institution for Mental Disease (IMD): A hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. An institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases (42 CFR 435.1009). In the State of Arizona, Level I facilities with more than 16 beds are IMDs except when licensed as a unit of a General Medical Hospital.
7. Independent Living Setting: A setting in which a person lives without supervision or ongoing and intensive in-home services provided by a T/RBHA or subcontracted provider agency.
8. Inpatient Services: A behavioral health service provided in a psychiatric acute hospital, a residential treatment center for persons under the age of 21, or a sub-acute facility.
9. Out-of-Area Service: The provision of a behavioral health service to a person in a geographic area other than that of the person's home or designated T/RBHA. Out-of-area service provision includes services provided to a person who is discharged from an inpatient or residential setting to a different T/RBHA's area, but who does not live in an independent living setting.
10. Residence: The place where a person lives on a permanent basis.
11. Residential Services: Behavioral health services provided in a facility licensed pursuant to Arizona Administrative Code, Title 9, Chapter 20, as a level II or level III facility.
12. Transfer: The closure of a person's record by the home T/RBHA and subsequent enrollment of the person by a different T/RBHA, after the person has moved their residence to the different T/RBHA's area.

F. PROCEDURES:

1. General Provisions

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- a. Computation of Time – In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.
- b. Persons enrolled with American Indian Tribal Governments that have an executed intergovernmental agreement with ADHS may choose to be enrolled and receive covered behavioral health services through either the Tribal RBHA or the off-reservation RBHA responsible for the GSA. As such, this contingency must be applied when implementing the requirements of this policy.
- c. T/RBHA Jurisdictional Responsibilities
 - (1) For adults (persons 18 years and older), T/RBHA jurisdiction is determined by the person's current place of residence, except persons who are unable to reside independently or are involved with the Department of Developmental Disabilities (DDD) as described in section F.3.a of this policy. This is true regardless of where the adult guardian resides.
 - (2) Responsibility for service provision, other than crisis services, remains with the home T/RBHA when the enrolled person is visiting or otherwise temporarily residing in a different T/RBHA area but:
 - (a) Maintains a place of residence in his or her previous location with an intent to return; and
 - (b) The anticipated duration of the temporary stay is less than three months.
 - (3) For children (ages 0-17 years), T/RBHA jurisdiction is determined by the current place of residence of the child's parent(s) or legal guardian.
 - (4) For children who have been adjudicated dependent by a court, the location of the child's court of jurisdiction determines which T/RBHA has responsibility.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- (5) In a transfer, the home T/RBHA retains responsibility for service provision and coordination of care until such time as a person's record is closed for that T/RBHA.
- (6) Inter-T/RBHA transfers shall be completed within 30 days of referral by the home T/RBHA as described in section F.3. b. of this policy.
- (7) The home T/RBHA shall ensure that activities related to arranging for services or transferring a case do not delay a person's discharge from an inpatient or residential setting.

2. Out-of-Area Service Provision

a. Crisis Services

Crisis services shall be provided without regard to the person's enrollment status. The T/RBHA at which a person presents for crisis services shall:

- (1) Provide needed crisis services;
- (2) Ascertain the person's enrollment status with all T/RBHAs and determine whether the person's residence in the current area is temporary or permanent.
 - (a) If the person is enrolled with another T/RBHA, notify the home T/RBHA within 24 hours of the person's presentation. The home T/RBHA shall:
 - i. Make arrangements with the T/RBHA at which the person presents to provide needed services, funded by the home T/RBHA;
 - ii. Arrange transportation to return the person to the home T/RBHA area; or
 - iii. Determine if the person intends to live in the new T/RBHA's geographic area and if so, initiate a transfer according to Section F.3. of this policy.
 - (b) If the person is not enrolled with any T/RBHA and lives within the service area of the T/RBHA at which the person presented for services, proceed with enrollment.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- (c) If a T/RBHA receives a referral regarding a hospitalized person whose residence is located outside the T/RBHA's geographic service area, the T/RBHA must immediately coordinate the referral with the T/RBHA responsible for serving the person's geographic service area.

- b. Non-emergency Services

If the person is not enrolled with a T/RBHA, lives outside of the service area, and requires services other than a crisis or urgent response to a hospital, the T/RBHA shall notify the designated T/RBHA associated with the person's residence within 24 hours of the person's presentation. The designated T/RBHA shall:

- (1) Proceed with the person's enrollment if determined eligible for services. The designated T/RBHA is responsible for the provision of all medically necessary covered services including transportation services for eligible persons.

- c. Courtesy Dosing of Methadone

A person receiving methadone administration services who is not a recipient of take-home medication may receive up to two courtesy doses of methadone from a T/RBHA while the person is traveling out of the home T/RBHA's area. All incidents of provision of courtesy dosing shall be reported to the home T/RBHA. The home T/RBHA shall reimburse the T/RBHA providing the courtesy doses upon receipt of properly submitted bills or encounters.

- d. Referral for Service Provision

If a home T/RBHA initiates a referral to another T/RBHA or a service provider in another T/RBHA's area for the purposes of obtaining behavioral health services, the home T/RBHA shall:

- (1) Maintain enrollment and financial responsibility for the person during the period of out-of-area behavioral health services;
- (2) Establish contracts with out-of-area service providers and authorize payment for services;

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- (3) Maintain the responsibilities of the clinical liaison; and
- (4) Provide or arrange for all needed services when the person returns to the home T/RBHA's area.

3. Inter-T/RBHA Transfer

a. A transfer shall occur when:

- (1) An adult person voluntarily elects to change the person's place of residence to an independent living setting from one T/RBHA's area to another. Persons who are unable to live independently shall not be transferred to another T/RBHA with the exception of persons who are unable to live independently but are involved with the Department of Developmental Disabilities (DDD). Persons involved with DDD who reside in a supervised setting are the responsibility of the T/RBHA in which the supervised setting is located;
- (2) The parent(s) or legal guardian(s) of child change their place of residence to another T/RBHA's area; or
- (3) The court of jurisdiction of a dependent child changes to another T/RBHA's area.

b. The home T/RBHA shall initiate a referral for an Inter-T/RBHA transfer:

- 30 days prior to the date the person will move to the new area; or
- If the planned move is in less than 30 days, immediately upon learning of the person's intent to move.

The referral is initiated when the home T/RBHA provides at least the following information to the receiving T/RBHA:

- (1) A completed Inter-T/RBHA Transfer Request Form (Attachment A);
- (2) The person's comprehensive clinical record;
- (3) Consents for release of information pursuant to ADHS/DBHS Policy CO 1.4, Confidentiality.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- (4) For Title XIX eligible persons between the ages of 21 and 64, the number of days the person has received services in an IMD in the contract year (July 1 – June 30); and
- (5) The number of hours of respite care the person has received in the contract year (July 1 – June 30).

The receiving T/RBHA shall not delay the timely processing of an inter-RBHA transfer because of missing or incomplete information.

c. Upon receipt of the transfer packet, the receiving T/RBHA shall:

- (1) Notify the home T/RBHA within seven calendar days of receipt of the referral for Inter-T/RBHA transfer;
- (2) Proceed with making arrangements for the transfer; and
- (3) Notify the home T/RBHA if the information contained in the referral is incomplete.

d. Within 14 days of receipt of the referral for Inter-T/RBHA transfer, the receiving T/RBHA shall:

- (1) Schedule a meeting to establish a transition plan for the person. The meeting shall include:
 - (a) The person or the person's guardian or parent, if applicable;
 - (b) Representatives from the home T/RBHA;
 - (c) Representatives from the Arizona State Hospital, when applicable;
 - (d) The clinical liaison and representatives of the child and family team/adult team;
 - (e) Other involved agencies; and
 - (f) Any other relevant participant at the person's request or with the person's or guardian's consent.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- (2) Establish a transition plan that includes at least the following:
- (a) The person's projected moving date and place of residence;
 - (b) Treatment and support services needed by the person and the timeframe within which the services are needed;
 - (c) A determination of the need to request a change of venue for court ordered treatment and who is responsible for making the request to the court, if applicable;
 - (d) Information to be provided to the person regarding how to access services immediately upon relocation;
 - (e) The enrollment date, time and place at the receiving T/RBHA and the formal date of transfer, if different from the enrollment date;
 - (f) The date and location of the person's first service appointment in the receiving T/RBHA's area;
 - (g) The individual responsible for coordinating any needed change of health plan enrollment, primary care provider assignment and medication coverage;
 - (h) The person's Clinical Liaison in the receiving T/RBHA's area, including information on how to contact the Clinical Liaison;
 - (i) Identification of the person at the receiving T/RBHA who is responsible for coordination of the transfer, if other than the person's Clinical Liaison;
 - (j) Identification of any special authorization required for any recommended service (e.g., non-formulary medications) and the individual who is responsible for obtaining needed authorizations; and
 - (k) If the person is taking medications prescribed for the person's behavioral health issue, the location and date of the person's first appointment with a practitioner who can prescribe medications. In no case shall there be a gap in the availability of prescribed medications to the person.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- e. On the official transfer date, the home T/RBHA shall enter a closure and disenrollment into CIS. The receiving T/RBHA shall enter an intake and enrollment into CIS at the time of transfer. Each T/RBHA shall designate a contact person responsible for the resolution of problems related to enrollment and disenrollment.

4. Complaint Resolution

- a. A person determined to have a serious mental illness that is the subject of a request for out-of-area service provision or Inter-T/RBHA transfer may file an appeal as provided for in ADHS/DBHS Policy GA 3.3, Appeal Process for Persons Receiving Services.
- b. Any party involved with a request for out-of-area service provision or Inter-T/RBHA transfer may initiate the complaint resolution procedure. Parties include the home T/RBHA; receiving T/RBHA; person being transferred or the person's guardian or parent, if applicable; the Arizona State Hospital, if applicable; and any other involved agencies.
- c. The following issues may be addressed in the complaint resolution process:
 - (1) Any timeframe or procedure contained in this policy;
 - (2) Any dispute concerning the level of care needed by the person;
 - (3) Any other issue that delays the person's discharge from an inpatient or residential setting or completion of an Inter-T/RBHA transfer.
- d. Procedure for Non-emergency Disputes
 - (1) First Level
 - (a) A written request for the complaint resolution process shall be addressed to:
 - i. The person's Clinical Liaison at the home T/RBHA, or other individual identified by the T/RBHA, if the issue concerns out-of-area service provision, or

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

- ii. The identified Clinical Liaison at the receiving T/RBHA, or other individual identified by the T/RBHA, if the issue concerns an Inter-T/RBHA transfer.

- (b) The assigned clinician shall work with involved parties to resolve the issue within 5 days of receipt of the request for complaint resolution.
- (c) If the problem is not resolved, the Clinical Liaison shall, on the fifth day after the receipt of the request, forward the request for complaint resolution to the second level.

(2) Second Level

- (a) Issues concerning out-of-area service provision shall be forwarded to the Chief Executive Officer, or designee, of the home T/RBHA.
- (b) Issues concerning Inter-T/RBHA transfers shall be forwarded to the Chief Executive Officer, or designee, of the receiving T/RBHA.
- (c) The Chief Executive Officer shall work with the Chief Executive Officer of the other involved T/RBHA to resolve the issue within 5 days of receipt of the complaint resolution issue.
- (d) If the problem is not resolved, the Chief Executive Officer shall, on the fifth day after the receipt of the request, forward the request to the Deputy Director of the Division of Behavioral Health Services.

(3) Third Level

- (a) The Deputy Director of the Division of Behavioral Health Services, or designee, shall convene a group of financial and/or clinical personnel as appropriate to the complaint resolution issue, to address and resolve the issue.
- (b) The Deputy Director shall issue a final decision within 5 days of receipt of the request.

e. Procedure for Emergency Disputes

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

An emergency dispute includes any issue in which the person is at risk of decompensation, loss of residence, or being in violation of a court order.

(1) First Level

- (a) Issues concerning out-of-area service provision shall be forwarded to the Chief Executive Officer, or designee, of the home T/RBHA.
- (b) Issues concerning Inter-T/RBHA transfers shall be forwarded to the Chief Executive Officer, or designee, of the receiving T/RBHA.
- (c) The Chief Executive Officer shall work with the Chief Executive Officer of the other involved T/RBHA to resolve the issue within 2 days of receipt of the complaint resolution issue.
- (d) If the problem is not resolved, the Chief Executive Officer shall, on the second day after the receipt of the request, forward the request to the Deputy Director of the Division of Behavioral Health Services.

(2) Second Level

- (a) The Deputy Director of the Division of Behavioral Health Services, or designee, shall convene a group of financial and/or clinical personnel as appropriate to the complaint resolution issue, to address and resolve the issue.
- (b) The Deputy Director shall issue a final decision within 2 days of receipt of the request.

POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

G. APPROVED BY:

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POLICY CO 1.1 INTER RBHA COORDINATION OF SERVICES

Attachment A

INTER-T/RBHA TRANSFER REQUEST FORM

(To be completed 30 days prior to planned transfer date)

Person's Name _____ CIS # _____

Person's Address _____

Person's Telephone Number _____

Home T/RBHA _____ Date Sent _____

Primary Contact Name and Telephone # _____

Receiving T/RBHA _____ Date Received _____

Primary Contact Name and Telephone # _____

Documents enclosed:

Complete Behavioral Health Record _____

Applicable consents and release of information _____

Number of days of service in an IMD for the contract year _____
(Title XIX persons age 21 – 64 only)

Number of hours of respite service received for the contract year _____

Other (Specify):